

12/21/01

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EL 759669797 US

A

UTILITY PATENT APPLICATION TRANSMITTAL

PTO/SB/05 (03-01)

12/21/01

Attorney Docket No.:	CS11387	Total Pages:	2
First-Named Inventor or Application Identifier	Robert R. Reed		
Title:	ROTATABLE FUNCTION SELECTORS IN COMMUNICATION HANDSETS AND METHODS THEREFOR		
Express Mail Label No.:	EL 759669797 US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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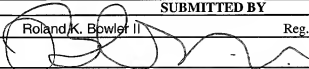
1. ☒ Fee Transmittal Form in duplicate
2. ☒ Specification Total Pages:
3. ☒ Drawings Total Sheets:
4. ☒ Oath or Declaration with Power of Attorney Total Pages:
 - a. ☒ Newly Executed (original or copy)
 - b. ☐ Copy from prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ Deletion of Inventor(s):
Signed statement attached deleting inventor(s) named in the prior application
(see 37 CFR §1.63(d)(2) and 1.33(b))
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Application Data sheet. See 37 CFR 1.76
7. ☐ Nucleotide and/or Amino Acid Sequence Submission

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet and document(s))
9. ☐ 37 CFR §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS) Form PTO/SB/08 Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (should be specially itemized)
14. ☐ Certified Copy of Priority Document(s)

15.	<input type="checkbox"/> Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
16.	<input type="checkbox"/> Other:
17.	IF A CONTINUING APPLICATION <i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) Prior Appl. No. _____
Prior Appl. information: Examiner: Group/Art Unit:	

CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below	
NAME	Roland K. Bowler II Attorney for Applicant(s)				
Reg. No.	33,477				
ADDRESS	Motorola, Inc. Law Department 600 North U.S. Highway 45				
CITY	Libertyville	STATE	IL	ZIP CODE	60048
COUNTRY	U.S.A.	TELEPHONE	847-523-3978	FAX	847-523-2350

SUBMITTED BY	
NAME	Roland K. Bowler II Reg. No. 33,477
SIGNATURE	
DATE	12/21/01 Deposit Account User ID 13-4768

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